

# TRAVELLING SURGICAL CLUB

---

VISIT TO PARIS

1950

**WELLCOME  
LIBRARY**

pam

WO 100

19 50

T 77 ✓



22501926565

## TRAVELLING SURGICAL CLUB, VISIT TO PARIS, 1950

MEMBERS OF THE CLUB made their way to Paris for the 1950 meeting by devious routes. Your reporter chose the most pedestrian and discovered a few like-minded members on the cross-channel steamer. The whole Club was united in the Hotel du Palais Royal, except for one or two illustrious late arrivals, by the evening of Tuesday, June 27th. After dinner, Professor Mathey, who had so kindly arranged the programme of our visit, arrived to give us the details of what we were to see.

On Wednesday morning we went to the Hospital Broussais in Montparnasse, where we were received by Dr. d'Allaines. He was operating upon a young girl, aged 17, who had a mid-thoracic stricture of the œsophagus due to the swallowing of lye. The Professor intended to anastomose the cut upper end of the œsophagus to a loop of jejunum implanted under the thoracic skin. The loop of jejunum was selected, divided, and an attempt made to produce sufficient length to provide the anastomosis. It became clear to those watching that the viability of the free end was in question and a process of further freeing was attempted without enabling the Professor to produce sufficient length for real safety. One per cent Novocaine was injected into the mesentery to abolish spasm of arteries and the jejunum was implanted under the skin. The Professor intended to attempt the second stage ten days later if the jejunum remained healthy and alive.

We then made a tour of the hospital and were shown a number of cases. The wards and side wards did not

reach the standard of cleanliness and efficiency of the average British hospital, and it was evident that the shortage of nurses was a great problem in Paris. We saw a patient who had undergone a ligation of his inferior vena cava four days previously for heart failure due to a congenital defect in the large vessels, there being a large pulmonary artery and a small aorta. This man was already able to walk about and the operation was so far evidently a great success. We also saw a number of cases of resection of rectum with conservation of sphincters. In the afternoon we visited a private clinic where Professor Mathey was operating upon a case of bronchiectasis for whom he was performing a partial lobectomy. This was a woman, aged 43, and part of the middle lobe was being removed. This was performed neatly and efficiently and we were assured that the tiny knob of lobe left was of some further value to the patient. An elaborate method of estimation of blood loss was carried out throughout the operation: swabs were weighed on a machine before and after use and the total blood loss calculated as nearly as possible. A blood transfusion was administered during the operation by means of a machine which measured the rate of administration. One noted that the wound towels were stitched to the wound edges. It was interesting to discover that anæsthetics were given for the most part by nurses, and that the anæsthetist exercised a supervisory capacity over the anæsthetics of the hospital; but in this particular case a lady doctor was giving the anæsthetic and treated us to a pretty display of Gallic temperament when the patient ceased automatic breathing and had to be assisted for a time by the bag.

In the evening the Club penetrated the Latin Quarter and found a recommended restaurant where we enjoyed a magnificent dinner, eventually being escorted back on our route by a most friendly waiter who had evidently helped us to get rid of the ample supplies of

wine that were provided. In spite of this we were all up bright and early the following day to visit Dr. Gosset, who proved to be an imposing and energetic "chip off the old block." There we saw him perform a gastrectomy. He employed the anterior Polya method and made a careful closure of his duodenal stump, but left a drain down to this area at the conclusion of the operation. In the afternoon Dr. Gosset kindly took us to the new Red Cross Hospital where we saw a remarkable new steriliser. Timing of the various processes of drum sterilisation was done electrically, red lights appearing when the requisite time in each chamber had been completed. The operating theatres, though in our opinion somewhat small, were very well planned. On-lookers were diverted to a room above the theatre, which had a glass floor through which a full view of the operation in progress below could be obtained. The hospital was not yet opened and was just receiving the final touches in its equipment and furnishing. In the evening, at the end of a very close and hot day, we all gathered at the side of the Seine where eventually we embarked upon a river 'bus which carefully made its way up and down to enable us to see Paris from the river. During our trip dinner was served on deck.

On Friday, our final day, we assembled early in the morning at the hospital of Professor Senneques. We saw the Professor's chief assistant doing a cholecystectomy and exploration of the common bile duct. The removal of the gall-bladder was preceded by an investigation of the bile pressure: this was performed by passing a needle, which was connected to a manometer, into the bile duct. The system was filled with radio-opaque Tenebryl. In this particular patient the manometer registered 12 cms. and we were told that this was a normal figure. An X-ray was then taken when apnoea had been produced by curare. We were informed that when abnormal pressures were discovered in the absence

of stones a sphincterotomy of the sphincter of Oddi was sometimes performed and occasionally a cholecyst-gastrostomy. An increased pressure in the gall-bladder itself having been satisfactorily demonstrated the gall-bladder and stones from the common bile duct were then removed and drained in the usual manner. We then saw Professor Senneques perform a gastrectomy on a male, aged 62, for pyloric obstruction. There appeared to be no theatre sister and the instruments required by the surgeon were all laid out on a table nearby. It was interesting to note that far fewer instruments were required in these circumstances. The extra labour devolving upon the surgeon was neutralised by the technique used, in which all ligatures were placed and tied by the assistant. One noted also that there had been no pre-operative chloride estimation. The section of the stomach was preceded by subperitoneal ligation of individual vessels. In this case a retrocolic anastomosis was performed without the use of clamps. The second case was a left partial colectomy on a female, aged 66, who had had a previous gastrectomy. Barium enema showed a filling defect in the sigmoid colon. The growth and the colon on each side were freed and the mesocolon sutured to the cut parietal peritoneum before excision of the length of gut and end to end anastomosis, in an attempt to prevent intraperitoneal soiling.

At six o'clock we were very kindly entertained by Professor Mathey at his house to a cocktail party and then proceeded at hair-raising speed in the cars of the Professor and his surgical colleagues, whom we had met on the previous days, to Versailles, where we made a tour of the gardens, which were looking at their best in the early evening sun. Thence on into the night to an inn in the depth of the country where we entertained our hosts to dinner, returning to Paris in the small hours to prepare ourselves for our various methods of return to England on Saturday.



